



Searching Patients, their Property and Inpatient Units Policy

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2	March 2014	5	1.4 Format and language	June 2017
3	March 2014	5	1.6 Clear principles	June 2017
4	March 2014	8	3.2 Consent given	June 2017
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Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	July 2013	Richard Brown	In readiness for dissemination to Service Managers for comment	Updated previous policy with new developments and formatting style
2	August 2013	Service Managers within AMH / OPMH / SMS and LD services MHA Lead LSMS	In readiness for submission to the various service essential standards meetings	Updates completed from the first draft of the policy to ensure legal and Code of practice compliance
3	October 2013	Divisional / Service Line Governance Meetings	Approval to submit to Policy Steering Group Subcommittee meeting	Updates completed from 2 nd draft of the policy to include the use of drug dogs in Baytrees and to ensure legal and Code of practice compliance
3	February 2014	Policy Steering Group Subcommittee	Approved to pass to Assurance Committee for ratification once minor changes completed	Minor wording changes completed.
4	March 2017 / June 2017	Robert Pollock	Review of policy	Updated in line with Mental Health Act guidelines 2015.
5	August 2021	Ben Martin-Lihou	Policy Steering Group – Chair’s action approved extension request by 1 month	To allow sufficient time to review policy
6	October 2021	Ben Martin-Lihou	Review of policy – Policy Steering Group, Clinical Executive Group	Review and co-badged with IOW NHS Trust

SUMMARY OF POLICY

This policy applies to inpatient mental health services provided by Solent NHS Trust and Isle of Wight NHS Trust. It addresses the use of restrictive interventions around the searching of in-patients/ service-users, and the clinical environment, by members of staff within the Trust's care delivery services, primarily, this refers to the safety and security of these environments and ensures that prohibited items do not enter these environments.

The term 'restrictive interventions' is used here to reflect current terms used by the Department of Health and in order to encompass training systems currently employed by the Trust, namely the Prevention & Management of Violence & Aggression (PMVA). All use of restrictive interventions by employees must be lawful, necessary, reasonable in the circumstances, and undertaken in good faith. The policy details when an individual or area must be searched and incorporates relational as well as physical security.

The policy offers some context and guidance for staff, and reflects current national guidance relating to searching, and the prevention & management of violence & aggression when it does occur. It is underpinned by the Mental Health Act Code of Practice Guidelines 2015. Overall, it sets out Solent NHS Trust's approach to minimising the risk of harm to all persons in its mental health and learning disabilities units which may be exacerbated by prohibited items being present on clinical areas, (i.e. risks of harm to staff, visitors and to in-patients/ service-users).

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Searching Patients, their Property and Inpatient Units Policy

1. INTRODUCTION & PURPOSE

- 1.1 Solent NHS Trust and Isle of Wight NHS Trust (the Trusts) are committed to providing the highest standards of care for the people who use their services. Through the Clinical Governance structures, they will continue to ensure that patient safety is at the centre of the services provided.
- 1.2 This policy describes the action staff in the Adult Mental Health (AMH), Older Persons Mental Health (OPMH), and Neurological Rehabilitation (NR) services must undertake when considering conducting an in-patient unit search, a personal search of a patient and/or their property. There are other units provided by the Trusts that may require guidance from this policy.
- 1.3 The decision to search in patient settings, patients and/or their belongings is an unusual occurrence and can only take place if there is a clearly identified risk to staff and or patient's safety. The loss of regard for the patient's privacy & dignity must be outweighed by the risks involved if no action is taken.
- 1.4 Within the Mental Health Act Code of Practice (2015) there are clear guidelines and requirements for Managers of Hospitals admitting patients under the Mental Health Act (1983) to have an operational policy in place for the searching of patients and their belongings. The code also states that equal consideration must be given to informal patients and clearly displayed and communicated to patients in a format and language they understand.
- 1.5 This policy applies equally to formal (detained) and informal (voluntary) patients.
- 1.6 The policy must be based on the following clear principles:
 - The intention is to create and maintain a therapeutic environment in which treatment may take place and to ensure the security of the premises and the safety of patients, staff and the public.
 - The authority to conduct a search of a person or their property is controlled by law, and it is important that hospital staff are aware of whether they have legal authority to carry out any such search.
 - Searching must be proportionate to the identified risk and must involve the minimum possible intrusion into the individual's privacy.
 - All searches will be undertaken with due regard to and respect for the person's dignity and privacy.
- 1.7 There are several indicators that may require a patient, their belongings or the ward environment to be searched in order to maintain a safe and therapeutic environment. These indicators may include:
 - Reasonable grounds to suspect that a patient is in possession of an item that is prohibited on the ward – e.g. illicit substances or weapons
 - Missing items that if found by a patient could be used to cause harm to either themselves or others – e.g. cutlery items.
 - Reasonable grounds to suspect that items belonging to one patient have been taken by another patient. This would involve more than one patient's 'word' against another patient

- 1.8 When making decisions as to the need to search patients, their belongings or ward environments, practitioners must give due regard and consideration to the Code of Practice, particularly the five guiding principles:

Least restrictive option and maximising independence

Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery wherever possible.

Empowerment and involvement

Patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to views expressed, professionals should explain the reasons for this.

Respect and dignity

Patients, their families and carers should be treated with respect and dignity and listened to by professionals.

Purpose and effectiveness

Decisions about care and treatment should be appropriate to the patient, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.

Efficiency and equity

Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely, safe and supportive discharge from detention.

- 1.9 Whilst these principles relate to patients detained under the Mental Health Act (1983, amended 2007), they can equally be applied for informal patients.
- 1.10 All inpatient units must display clear information for patients and visitors to the unit informing them that the unit undertakes searches of patients, their property and the ward environment. This must also be explained to patients during the admission process.

2. SCOPE & DEFINITIONS

SCOPE

- 2.1 This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trusts, and secondees (including students), volunteers (including Associate Hospital Managers), bank staff, Non-Executive Directors and those undertaking research working within the Trusts, in line with each Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to the Trusts.
- 2.2 The Trusts are committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.

3. PROCESS/REQUIREMENTS

SEARCHING PATIENTS AND THEIR BELONGINGS

- 3.1 The decision to search a patient and/or their belongings will be made by members of the Multi-Disciplinary Team (MDT). This must include the Nurse in Charge (NIC) of the ward and a member of the medical team. Should the search occur out of office hours, its rationale and outcomes will be discussed with the clinical team at the earliest opportunity. If there are any disagreements within the MDT as to whether the search should take place or not, then please refer to section 3.30 of this policy.
- 3.2 In **all** incidences of searching patients or their belongings, the patient must first be advised by a member of staff why a search may be required and given the opportunity to hand over any items of concern without the need for the search to take place. Furthermore, if a search is required, the staff member will attempt to gain the patients consent for the search to occur.
- 3.3 If consent is given, the search must be carried out with regard to ensuring the maximum dignity and privacy of the person. The patient will also be told if property other than their immediate clothing is to be searched. This must be documented on the Search Recording Form (Appendix B or C).

If the patient is not fluent in English and does not understand the rationale for the search then the services of an interpreter must be sought, if practicable.

- 3.4 The normal procedure is intended to be that searches only proceed with the patients consent. Consent obtained by means of threat, intimidation or inducement is likely to render the search illegal. Any person who is to be searched personally or have their possessions searched must be informed that they do not have to consent.
- 3.5 Consideration will be given to the team's capacity to safely manage the search and whether the search can wait until a time when capacity is greater or if the police/secure ambulance provider need to be contacted to prevent a breach of the peace from occurring.
- 3.6 When searching patients or their property, at least 2 members of staff must be present throughout the search process. The staff member conducting the search must be the same sex as the patient. The search must be carried out in a way that maintains the person's privacy and dignity and respects issues of gender, culture and faith. It is always necessary to have another member of the hospital staff present during a search. Staff involved in undertaking searches must receive appropriate training and instruction including refresher training. Where available, a metal detector, or other metal detection device, may be used as part of the search if deemed appropriate.

SEARCHING PATIENTS

- 3.7 The patient should first be taken to a private area with the staff members and the staff must clearly explain why they wish to search the patient and what item(s) they believe the patient may have concealed on their person. The patient must be given the opportunity to submit any items not permitted on the ward at this stage.
- 3.8 If no items are given over by the patient, then the staff will explain to the patient that they will perform a level 1 search. Details of what this entails and how to complete this can be found in Appendix A.

- 3.9 If the patient hands over the items and staff believe that the patient no longer has any items of concern then the search will end at this stage and the staff will document in the patients notes what items were retrieved from the patient. Likewise, if during the completion of the search the risk items are found, then it may be appropriate to complete the search in case other items are concealed.
- 3.10 When undertaking all searches, staff members must be aware of the risks to themselves and must ensure they have access to and use any PPE equipment that may be required – such as latex-free gloves or aprons. Staff **must risk assess** the likelihood of the patient concealing sharp items (needles/blades) on their person and must proceed with due caution in this regard. Wherever possible, staff must attempt to gain good eyesight into clothing/pockets before proceeding with a Level 1 search. If staff have good reason to believe that a patient is in possession of a sharp item and don't feel comfortable in proceeding with a level 1 search, the search must be suspended and the patient placed upon increased observations whilst further advice and assistance is requested from the senior nurse bleep holder / manager / police. The service has procured Kevlar gloves, and therefore staff may undertake a search using these, to protect their hands from sharps, if they feel confident to do so.
- 3.11 All searches undertaken by staff will be recorded on the Solent NHS Trust Search Recording Form (Consent Given) in Appendix B and recorded in the patient's records. Patients shall also be given a receipt by the staff of which items were removed, where they are to be stored and when they are to be given back to the patient. If illegal items or weapons are discovered these must be safely secured by staff and the police contacted and an online incident form must be completed.
- 3.12 The patient must then be informed that the search is over and must be thanked for their co-operation.
- 3.13 **When a Detained patient does not consent or lacks capacity to decide whether or not to consent to the search** taking place then initially a discussion must take place within the MDT. This would include the nurse in charge of the ward, the senior nurse bleep holder (out of hours) and a member of medical staff – team doctor (in hours) or duty doctor (out of hours). The Responsible Clinician (or, failing that, another senior clinician with knowledge of the patient's case) must be contacted without delay, if practicable, so that any clinical objection to searching by physical intervention can be raised. See 3.30 to 3.32. The patient must be kept separated and under close observation, while being informed of what is happening and why, in terms appropriate to their understanding. However, searches must not be delayed if there is reason to think that the person is in possession of anything that may pose an immediate risk to their own safety or that of anyone else. See Section 3.21 for guidance when informal patients refuse to give consent to be searched.
- 3.14 This discussion must consider the safety of the patient, the other patients and staff members. This will include assessing the number of staff members required to safely carry out the search and there may be situations where police assistance will be required. If there are any disagreements within the team as to whether the search must proceed or not, then please see section 3.30-3.32 of this policy for the resolution of clinical objections to searches.
- 3.15 If the MDT discussion concludes that the search is to be carried out without the patients consent, then it will be carried out with due regard to the dignity of the individual. All staff members who carry out patient searches without the patient's consent **must be** trained in the appropriate restraint training, (PMVA), used within the service/unit and only the minimum physical intervention necessary must be used.

- 3.16 Once the decision has been made to search a patient without their consent, the nurse in charge of the ward must allocate a staff member to observe the patient closely (usually Level 3, 1:1 observations) and the patient must have explained to them what is happening and why. The search will be planned to take place in an area that is out of sight of other patients / visitors.
- 3.17 The patient must be given one final opportunity to consent to a search or hand over the item(s) that are believed to be in their possession. If this is refused, then staff may restrain the patient using the least amount of physical intervention necessary, (secondary PMVA holds). The welfare, dignity and privacy of the patient must be maintained as much as is practicable by the ward staff.
- 3.18 The principles and guidelines of a Level 1 search apply to patients who are not consenting to the search, however, if physical intervention is required to safely manage the patients' behaviour then it is possible that not all areas of a Level 1 search could be covered.
- 3.19 The points above apply equally to searches of patient who don't consent to the search as they do for patients who do consent. The only difference is the recording form used. For patients that do not consent to the search taking place, staff will use the Search Recording Form (Consent Not Given/Unable/Withdrawn) within Appendix C.
- 3.20 Using physical intervention to search an informal patient without their consent would be considered unlawful unless there is legal authority to undertake it. Staff are responsible for ensuring they have this authority before undertaking a search.

SEARCHING PATIENTS BELONGINGS

- 3.21 At times, it may be necessary to search a patient's belongings as opposed to the patient themselves or the clothes they are wearing. Staff are permitted to search patients' belongings **only** if they have reasonable grounds to suspect that a prohibited item, a risk item or an item belonging to another patient is concealed within the patient's belongings.
- 3.22 Before a search of patients' belongings is carried out, the MDT must be first made aware and agreement sought. If there are objections to this by the MDT, then please refer to section 3.30 of this policy.
- 3.23 Once a decision has been made to search a patients belongings, the patient must be told and explained what item(s) are believed to be in their possessions and given the opportunity to hand over the item(s) to the staff. The patient's consent must be sought. Consent obtained by means of threat, intimidation or inducement is likely to render the search illegal. Any person who is to be searched personally or have their possessions searched must be informed that they do not have to consent.
- 3.24 If the patient consents to staff searching their belongings, then they must be encouraged to be involved throughout the search and to watch the actions of staff if they so wish. At least 2 members of staff, one of whom must be the same sex as the patient, must be present to conduct the search.
- 3.25 If a detained patient refuses consent to allow staff to search their belongings then the process set out between sections 3.14 and 3.20 must be followed. The minimum amount of physical intervention deemed necessary may be used to restrain the patient to enable the search to occur. If this should occur, then the patient (if they wished) must still be encouraged to be part of the search and have explained to them what and where staff are searching.

- 3.26 If a patient is informal, they have the right to refuse their possessions being searched. The guidance in 3.21 must be considered in these cases. However, it still may be possible to search an area that belongs to the hospital providing it does not involve the searching of a patient's possessions.
- 3.27 Throughout the search (either with or without the patients consent), staff must be vigilant to ensure that the search is thorough and comprehensive, covering all of the patients items (clothes, toiletries, bags, books etc.) as well as areas or items within the patients bedroom that may be used to conceal items (such as bedding, pillows, ensuite bathrooms, cupboards etc.). Staff will also explain to patients what items/areas they are going to search before the search is conducted.
- 3.28 As per 3.12, any items removed from the patient during this search shall be recorded and the patient will be given a receipt of these items and informed where the items will be stored and when the patient will have them returned.

CLINICAL OBJECTIONS TO SEARCHING PATIENTS

- 3.29 At times, a patient may refuse to have their person searched and there may be clinical objections or differing of opinions amongst the MDT as to whether the search must proceed or not without the patients consent.
- 3.30 In these circumstances, the objections must be discussed and hopefully with the aim of a common agreement, this can be reached about the action that will be taken. Factors that must be considered to facilitate this discussion include:
- The item(s) that are believed to be concealed on the patient
 - The patient's history of aggression/violence/use of weapons
 - The possible outcomes of searching and also not searching and the risk this may pose. to the patient, other patients or staff
 - The immediacy that the search must occur
- 3.31 Ultimately, if a decision can still not be made as to whether a search of a patient who is not consenting should be carried out or not, the decision must be passed to the most senior clinician available at the time that the decision is required to be made, and a record of the discussions documented in the patient's records.

POST SEARCH SUPPORT

- 3.32 Following a search of a patient with or without their consent, the rationale, process and outcome of the search must be clearly recorded in the patients' records and on the Search Recording Form paperwork (Appendix B or C).
- 3.33 A clinical review of the patient must be undertaken following the search to identify if any areas of the patient's management, needs or risks have changed as a result of the search. If this has occurred this must be documented in the patients' records and a care plan written to reflect the updated management of the patients care.
- 3.34 With or without patient consent, searching patients is intrusive and potentially distressing for both staff and patients involved. Staff and patients must be given time to reflect on the process and have access to appropriate debriefing.

SEARCHING INPATIENT ENVIRONMENTS

- 3.35 The Trusts are committed to ensuring that inpatient services provide a safe and therapeutic environment that are comfortable and support the recovery process for the people who

use their services. In order to fulfil this, all inpatient services must commit to regular and 'spot check' searches of the inpatient environment.

- 3.36 As per relevant Trust environmental risk policy, regular and spot check searches of the inpatient environment have the following clinical and environmental benefits:
- Ensuring that fixtures and fittings are in good working order
 - Enable the early detection of problems that will require maintenance attention
 - Promote the patient safety agenda by visibly ensuring a safe environment
 - Checking areas that may be used to conceal prohibited items
 - Keeping the area clean and hygienic and in line with infection control guidelines
 - Timely removal of risk items that may be used to cause harm to either self or others
- 3.37 Each inpatient team is responsible for ensuring that they have working practices that outlines how they will undertake environment searches both on a routine and spot check basis, as per local SOP.
- 3.38 Searching the inpatient environment may also mean a search of patients' bedrooms, their belongings and/or the patient themselves. If this is the case, then the guidance given above must be followed.

USE OF DRUG DETECTION DOGS IN INPATIENT ENVIRONMENTS

- 3.39 On request by the Trust, suitably trained and managed dogs can be brought into Trust premises on a regular basis to search for illicit substances. This is undertaken as a way of deterring the possession of/and detecting illicit substances in order to prevent them being used in and around the in-patient wards.
- 3.40 Random detection dog searches can be undertaken in any property that is managed by the Trusts, as a condition of entry.
- 3.41 Patient, visitors and staff must be informed immediately prior to the search commencing and given explanation as regards the rationale and procedure.
- 3.42 Staff must ensure that posters, advertising the periodic use of drug detection dog searches are permanently displayed both at the entrances to the building, wards/visitation rooms and around the wards themselves.
- 3.43 Staff must ensure that patients and visitors are supported throughout the process. Due consideration must be made of any individual who has a genuine phobia about dogs. In such cases consideration must be given to removing them from the area during the search and requesting they submit to a personal search.
- 3.44 The police will make decisions regarding any prosecutions that are considered in accordance with the law. Any illicit substances found will be removed by the police. Each search undertaken by a dog handler will be documented in the search register.
- 3.45 Should the dog detect on the person or property of a member of staff, the police will deal with any such discovery in the normal course.
- 3.46 When unit managers feel there is a need for a detection dog to search the premises, based on recent activity, they must contact the Local Security Management Team, who will make arrangements for the Dog Handler to attend the unit. If a dog is required to search the person of an individual this must be notified to the LSMS as a very specific type of dog is required for this purpose.

- 3.47 The use of drug dogs must be periodical and there must be no structured timetable, so as to prevent individuals from circumventing the process.
- 3.48 In the event of the police or drug detection dogs attending an inpatient unit and substances being found on a patient or in their bed space/belongings, the clinical team must ensure that the patients clinical record is updated with the events that occur and any actions that result from the search.

POLICE INVOLVEMENT

- 3.49 In circumstances where the police have been called and either illicit substances or weapons have been found, a discussion with the police must be had as to how the matter will be resolved. Various options are available including – no further action, a formal warning, a caution or the patient may be charged. The latter two options may indicate the patient being arrested and detained at the police station. Should this occur, the senior nurse on duty must be contacted and a decision made as to whether to inform the on call duty manager. An online incident report form must also be completed.
- 3.50 If the patient is arrested and is to be transferred to the police station, consideration must be made as to whether the patient is mentally well enough to be transferred or if an agreement is made to leave the patient on the inpatient unit. If transferred to the police station, the patient will have the right to have an Appropriate Adult with them.
- 3.51 If illicit substances or weapons are discovered, then these must be impounded in the ward office, or if drugs, in the locked medicine cabinet in a sealed bag or a cardboard box and the contents labelled and signed by 2 staff. The removal of such items must be documented in the back of the Controlled Drugs book (in the case of illicit substances) and pharmacy must be informed of this during the next working day to arrange for their safe removal from the unit. The police may also choose to remove the items and recorded as such.

VISITORS

- 3.52 Visitors will not be searched under the remit of this policy. As occupiers of the premises, the Trust has the right to direct its staff to search any property being brought in to the ward by visitors for patients. If staff have any suspicions about visitors bringing in prohibited items for patients, they can be refused access to the ward and asked to leave. Alternative options which may be considered by staff are supervision of visits or searching of the patient following the visit where a prohibited item is suspected of being passed over. Visitors can also be asked to leave their property in reception in a locker for which they will retain the key. Please see Solent NHS Trusts Mental Health Act Policy (MH01).

4. ROLES & RESPONSIBILITIES

- 4.1 The **Chief Executive** has ultimate accountability for the strategic and operational management of the organisation, including ensuring all policies are adhered to
- 4.2 The **Operational Director for Mental Health Services** has the responsibility of ensuring that this policy is cascaded down to their Service Managers as appropriate for dissemination and implementation within their inpatient environments
- 4.3 **Operational Managers** are responsible for the dissemination and implementation and monitoring of this policy in the areas that they are accountable for.

- 4.4 **Modern Matrons/Lead Nurses** are accountable for ensuring that this policy is adhered to and implemented by their staff teams. They are responsible for ensuring that staff receive appropriate training as part of their induction, support and guidance on this policy and will monitor for breaches and take action as appropriate to rectify this
- 4.5 **All relevant Trust staff** are responsible for being aware of and following the guidance within this policy at all times. They should also raise potential clinical problems that may arise from this policy with their line manager to enable a review of its contents and suitability. Line managers and Clinical Practice Educators are also responsible for ensuring new starters to the team and Bank and Agency staff are aware of this policy.

5. TRAINING

- 5.1 In order for staff to provide effective and safe patient care whilst searching patients, their belongings or inpatient environments, staff must have attended in full the relevant Trust's Management of Violence and Aggression (PMVA) induction/refresher training in the following areas:

- Risk Assessment and Management for all staff
- Trust specific physical intervention training for all staff
- Bespoke training in how to complete patient Level 1 search as provided by the Local Security Management Specialists in conjunction with the Physical Intervention Lead.
- Process of search for both consenting and non-consenting patients
- Ensuring respect and dignity is kept throughout all searching process
- Post search debriefs

All staff members must maintain responsibility for not only attending such training sessions but that they remain in date with them to enable them to work to best practice guidelines at all times.

The training program is competency based to ensure that all searches are carried out in accordance with best practice and safety and are compliant with the guidance provided within the training and this document. Competency training records will be held by the team and by each unit manager.

- 5.2 The bespoke training provided by the Local Security Management Specialist and Management of Violence and Aggression Team will specifically train staff in how to undertake a Level 1 search. Appendix A covers what this entails. All inpatient staff will require this training must undertake it on at least an annual basis, and the training is available to other Units if clinically indicated. Those with the responsibility for delivering the training will ensure that it is adapted regularly to take account of any new or changed risk or methods of carrying out searches.
- 5.3 There is a specific training requirement for staff members to enable them to carry out searches of patient belongings or the ward environments. This training will initially be part of local induction. However, those unfamiliar with the procedures or bank/agency staff must only undertake such searches with a regular member of staff who is familiar with these searches and has completed the training.
- 5.4 It is vital that the Modern Matrons, Clinical Managers, Lead Nurses and Senior Nurses accountable for their services can demonstrate that their staff members have attended the above training courses to search patients, their belongings and inpatient environments. This will be achieved through reviews, appraisals and audits of individual and team training records.

- 5.5 On the job shadowing, mentoring and support will be given to all new starters, Bank and Agency members of staff to ensure that they are aware of this policy and that they can be supported to achieve high standards of searching of patients, their belongings and inpatient environments. However, only those staff trained in Level 1 searches will be permitted to search patients in this way

6. SUCCESS CRITERIA / MONITORING EFFECTIVENESS

- 6.1 The success criteria for this policy would be that when there is due cause to search a patient, their belongings or an inpatient environment, it is undertaken with regard for the privacy and dignity of the patients on the ward and that it promotes a safe and therapeutic environment for all concerned. This will include:

- Patients are only searched when clinically indicated and in the majority of cases with consent being given; form to be completed to evidence this
- When patients are searched without their consent, that the minimum amount of physical intervention is used, and the patient's dignity maintained
- Patients' Human and Legal rights are protected and supported
- Inpatient environments being clean, in line with infection control guidelines and all fixtures and fittings of a good working order.
- There must be a notice displayed on all wards indicating the existence of this policy and how access to it can be achieved. This is for inpatients, Advocates, Carers and relatives.

- 6.2 Results from on-going audits and spot checks will be taken to staff team meetings and/or individual staff to raise awareness of good and bad practice that may be occurring. Issues relating to the implementation of this policy must also be taken to the relevant clinical governance meetings so that these can be addressed accordingly. Individual services may also decide to share and address practice issues relating to searching via other service level meetings.

- 6.3 All staff members working for the Trusts or within inpatient areas run by the Trusts are expected to comply with the contents of this policy at all times. In rare circumstances, if staff members are **unable** to comply with this policy it must be immediately reported to the Line Manager who must consider what remedial steps will be taken to manage this risk. The Non-Compliance Form (Appendix 4 within the Policy for the Development and Implementation of Procedural Documents (Solent NHS / Policy / GO/ 01) must also be completed.

7. REVIEW

- 7.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed on a 3-yearly basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review.

8. REFERENCES AND LINKS TO OTHER DOCUMENTS

8.1 REFERENCES

Department of Health (2015) Mental Health Act 1983 Code of Practice, Published 2015 pursuant to section 118 of the Act.

Restraint Reduction Network (2019) *Towards Safer Services; National Minimum Standards for Restrictive Intervention Reduction*. Birmingham: RRN

Criminal Law Act (1967) as in NHS Security Management Services (2006) Offensive Weapons; NHS Security Management Service Guidance.

National Institute of Clinical Excellence (2015) NG 10 Violence: The short-term management in mental health, health and community settings. London. Department of Health.

8.2 **LINKS TO RELATED SOLENT NHS TRUST DOCUMENTS**

- Deprivation of Liberty Safeguards and Mental Capacity Act Policy
- Information Governance Policy
- Safeguarding Vulnerable Adults Policy
- Management of Violence Aggression and Abuse against Staff Policy
- Management of Violence and Aggression – Including Rapid Tranquilisation Policy
- Mental Health Act Policy
- Infection Prevention and Control Decontamination Policy
- Psychiatric Observations and Engagement Policy
- Environmental Risk Policy
- Incident Reporting, Investigation and Learning Policy

8.3 **LINKS TO RELATED ISLE OF WIGHT NHS TRUST DOCUMENTS**

- Mental Capacity Act Policy
- Safeguarding Adults Local Policy
- Information Governance Policy
- Physical Interventions Policy
- Clinical Risk Assessment and Management in MHLD Services Policy
- Supportive Observations and Engagement Policy for MHLD Inpatients
- Consent to Examination and Treatment Policy
- Privacy and Dignity Policy
- Use of PPE Policy
- Security Policy
- Drug and Alcohol Policy (Staff)
- Disciplinary and Dismissal Policy

9. **GLOSSARY**

9.1

PMVA	Prevention of Violence and Aggression
AMH	Adult Mental Health
OPMH	Older Persons Mental Health
LD	Learning Disabilities
NR	Neurological Rehabilitation
MDT	Multi-Disciplinary Team
RC	Responsible Clinician
NIC	Nurse in Charge
PPE	Personal Protective Equipment
NHS	National Health Service
TNA	Training Needs Analysis
NHST	National Health Service Trust

9.2 **Formal Patients:** A formal (or detained) patient is one whereby the person is detained under the Mental Health Act and the care and treatment provided for this person has to be in accordance with the parameters of this Act. Engagement with the patient and their

views and opinions about the care and treatment they receive must where practicable be sought and built into care planning.

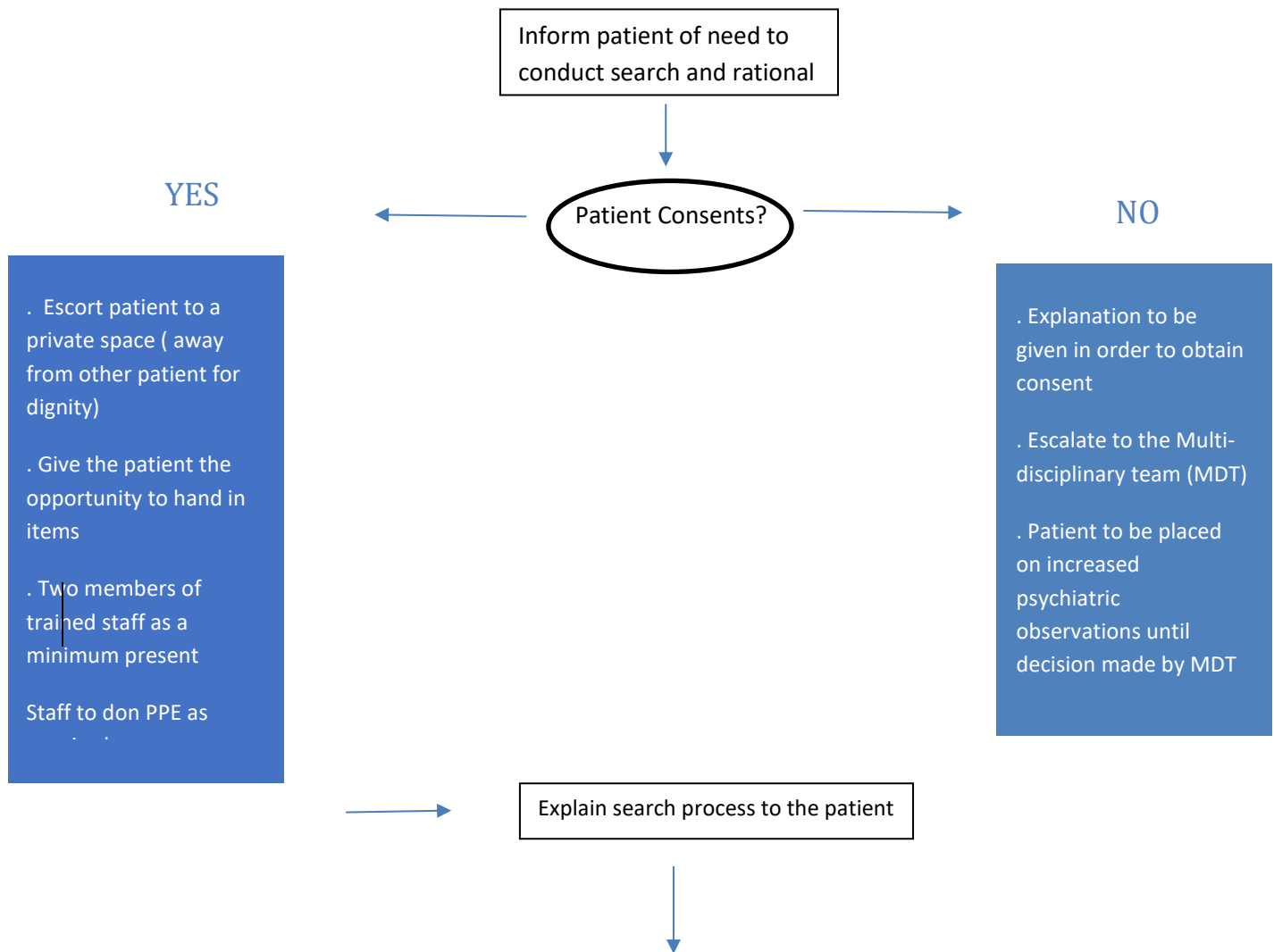
- 9.3 **Informal Patients:** An informal (or voluntary) patient is one whereby the person consents to receive care and treatment in an inpatient setting or a patient that lacks capacity to consent and does not object and is not deprived of their liberty. As such, engagement with them and having their consent and agreement to receive the care and treatment planned and offered is paramount. If the patient withdraws consent or loses capacity to give their consent, detention under either the MHA or DoLS must be considered.
- 9.4 **Mental Health Act (1983, amended 2007):** An act of Parliament which primarily deals with the detention in hospital of people with mental disorders. It sets out the criteria that must be met before compulsory measures can be taken, along with protections and safeguards for patients.
- 9.5 **Multidisciplinary Team (MDT):** A group of clinicians from a variety of professional backgrounds who contribute to the care and treatment that a patient receives.
- 9.6 **Therapeutic Observations:** A routine clinical intervention whereby patients are monitored at regular intervals as per the clinical decision-making process. It has two main purposes; firstly, to promote therapeutic engagement between staff and patients and secondly, to meet the patients' needs and manage the risks that they pose.
- 9.7 **Therapeutic Observation Levels:** 4 predetermined observation levels to ensure that the staff team can meet the needs and minimise the risks posed by patients to either themselves or others.
- 9.8 **Responsible Clinician:** The RC is an approved clinician with overall responsibility for the patients' care and treatment for persons detained under the Mental Health Act. This is usually a Consultant Psychiatrist, though can be persons from other professional groups

Appendices

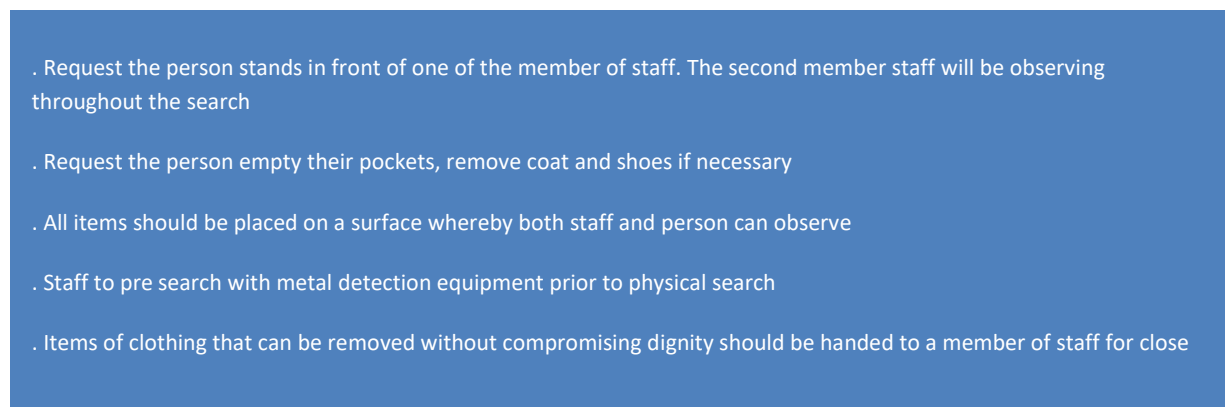
Appendix	Title
Appendix A:	Flowcharts of a Level 1 Search for Informal and Detained patients
Appendix B:	Search Recording Form (Consent Given)
Appendix C:	Search Recording Form (Consent not given/unable/withdrawn)
Appendix D:	Equality Impact Assessment

Appendix A

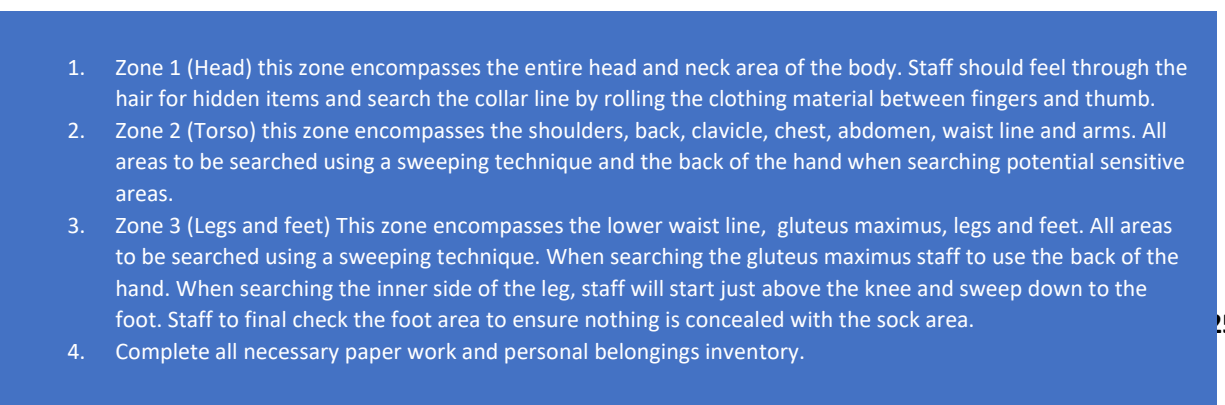
Flowchart of level 1 Search Informal patient



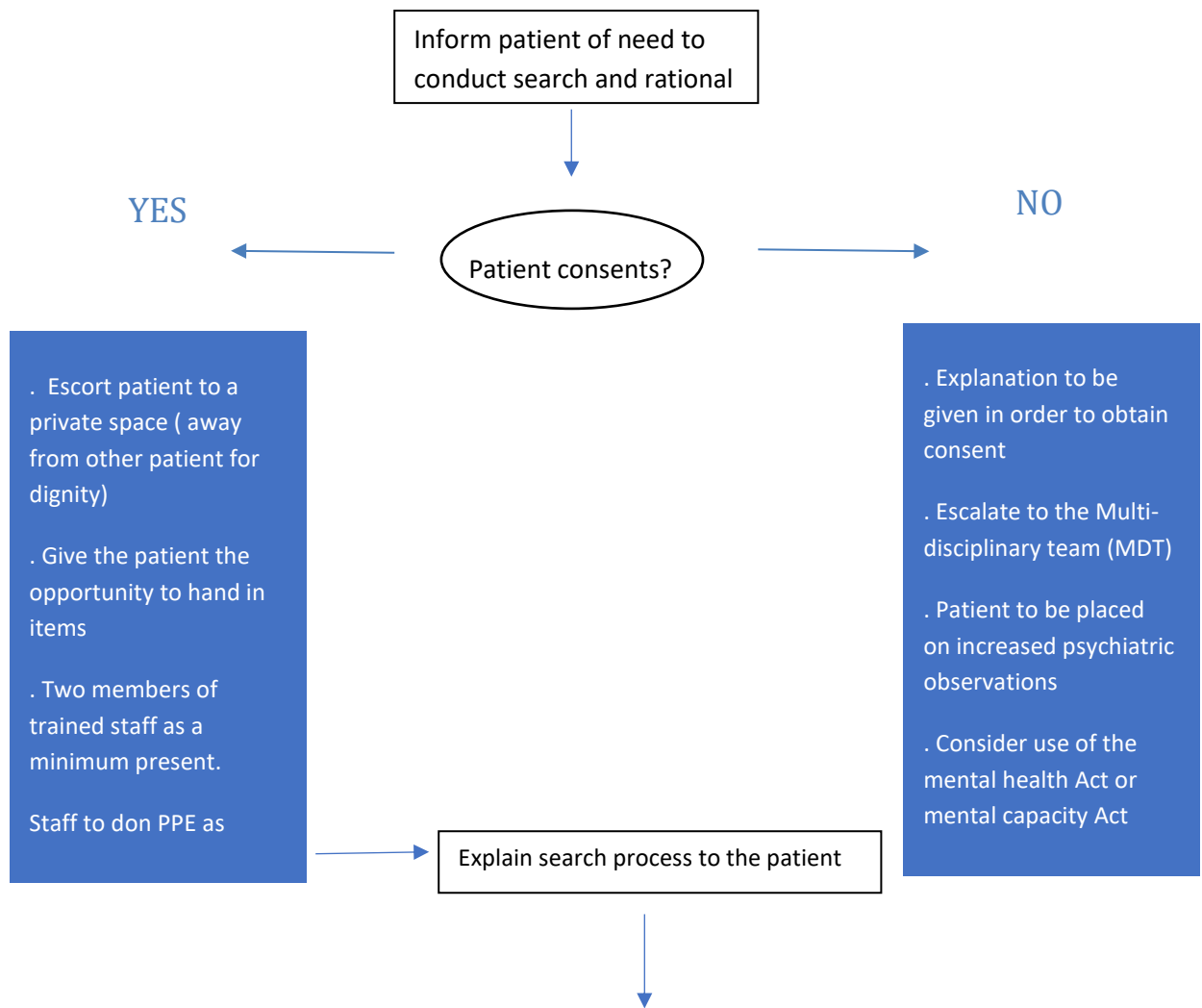
LEVEL 1 SEARCH OF A PERSON



COMMENCING LEVEL 1 SEARCH



Flowchart of level 1 Search detained patient



LEVEL 1 SEARCH OF A PERSON

- . Request the person stands in front of one of the member of staff. The second member staff will be observing throughout the search
- . Request the person empty their pockets, remove coat and shoes if necessary
- . All items should be placed on a surface whereby both staff and person can observe
- . Staff to pre search with metal detection equipment prior to physical search
- . Items of clothing that can be removed without compromising dignity should be handed to a member of staff for close

COMMENCING LEVEL 1 SEARCH

1. Zone 1 (Head) this zone encompasses the entire head and neck area of the body. Staff should feel through the hair for hidden items and search the collar line by rolling the clothing material between fingers and thumb.
2. Zone 2 (Torso) this zone encompasses the shoulders, back, clavicle, chest, abdomen, waist line and arms. All areas to be searched using a sweeping technique and the back of the hand when searching potential sensitive areas.
3. Zone 3 (Legs and feet) This zone encompasses the lower waist line, gluteus maximus, legs and feet. All areas to be searched using a sweeping technique. When searching the gluteus maximus staff to use the back of the hand. When searching the inner side of the leg, staff will start just above the knee and sweep down to the foot. Staff to final check the foot area to ensure nothing is concealed with the sock area.
4. Complete all necessary paper work and personal belongings inventory.

Appendix B

Search Consent Form (Consent Given)

Part 1: To be completed by person subject to the search

Name:		Legal Status:	
D.O.B:		Ward:	

I confirm that I have had explained to me the reason why staff on ward wish to search my person/room/belonging I agree to them completing this search.

Signed..... Name..... Date.....

Part 2: To be completed by staff

Pre Search:

Date and time of search:		Authorised by:	
Rationale for search including what item the search is expected to uncover and why the search needs to occur			

Post search:

Item removed and new location:	
Receipt given to patient:	
Arrangements for return of item:	
Entry made in clinical notes:	
Is it necessary to involve the Police?	

Signature by NIC.....Name..... Date.....

Appendix C

Search Recording Form (Consent Not Given / Unable / Withdrawn)

Part 1: Staff to complete:

Name:		Legal Status:	
D.O.B:		Ward:	

Ihave attempted to discuss with.....
the reasons why the staff team wish to undertake a search of his/her belongings/person/room.
..... has not given/does not have the capacity to give their consent
for this search. The following interventions have been attempted without success:

- Leaving the search until consent is given.
- Further explanation why the search is required

The MDT agrees that the search should continue in the absence of consent for the following reasons:

- Risk item maybe concealed that could be used to harm self/others
- Illegal or prohibited item on the ward
- Item that belongs to another patient.

The following staff agree that the search should occur for the reasons given above:

Name: Designation.....

Name: Designation.....

Name: Designation.....

Signed by NIC.....Name..... Date.....

Part 2:

Name:		Legal Status:	
D.O.B:		Ward:	

Date and time search occurred.....

What was searched: **Patient** **Belongings** **Room** (Please circle all that apply)

Was the patient given a final opportunity to consent to the search **Yes** **No**

Was restraint required: **Yes** **No**

If yes, please give details:

.....

.....

.....

Was PRN required: **Yes** **No**

If yes, please give details:

.....

.....

.....

Item removed and new location	
Receipt given to patient	
Arrangements for return of item	
Entry made in clinical notes	
Were the Police involved:	

Signature by NIC.....Name..... Date.....

Appendix D

Equality Impact Assessment

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation and other conduct prohibited by the Equality Act of 2010;
- **advance equality of opportunity** between people who share a protected characteristic and people who do not;
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department	Mental Health Services	
Title of Change:	Searching Patients, their Property and Inpatient Units Policy	
What are you completing this EIA for? (Please select):	Policy	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes	Update current policy	

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select “not applicable”:

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: (e.g. adjustment to the policy)
Sex			X	
Gender reassignment			X	
Disability			X	
Age			X	
Sexual Orientation			X	
Pregnancy and maternity			X	
Marriage and civil partnership			X	
Religion or belief			X	
Race			X	

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers or other voluntary sector groups?)	Yes	There were no external stakeholder consultations for this policy. Consultations have taken place via the MHS Clinical Governance Group and review meeting with colleagues from Security Management, Solent/Isle of Wight inpatient leadership teams and Mental Health Act Leads. The appropriate action to take when a patient is suspected of having a weapon or other contraband item is determined by the needs of that individual, to show parity between different groups and fairness to all patients. Patients can share views on their experience and to help service improvements in the future.
Have you taken into consideration any regulations, professional standards?	Yes	This policy makes reference to relevant legislative frameworks, such as the Mental Health Act and Equality Act.

Step 3: Review, Risk and Action Plans			
How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?			
Who will be responsible for monitoring and regular review of the document / policy?	Ben Martin-Lihou		
Step 4: Authorisation and sign off			

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	Ben Martin-Lihou	Date:	04/10/2021
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Additional guidance

Protected characteristic		Who to Consider	Example issues to consider	Further guidance
1.	Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2.	Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3	Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4	Age	Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5	Gender Reassignment	" The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6	Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7	Religion and/or belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8	Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9	Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team